

***Plan First***  
**Virginia's Family Planning Service Program**  
**Approved Codes and Billing Guidelines for Plan First Services**  
**Effective February 1, 2008**

The Current Procedural Terminology (CPT) codes, the Healthcare Common Procedure Coding System (HCPCS) codes and the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes all listed in Table 1 are approved by the Centers for Medicare and Medicaid Services to be covered by ***Plan First***. These services are only covered by ***Plan First*** when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 2 as the primary diagnosis on the claim. *This list of codes have been updated based on the new 2008 revisions of the manuals listed above.*

Follow up services to a family planning office visit or major complications of family planning services are not reimbursable under ***Plan First***. Services provided that are not included on this list of approved codes, will not be reimbursed. Services provided that are included in this list, but not accompanied with an approved ICD-9-CM diagnosis code, will not be reimbursed.

Please be aware that these services may be revised subsequent to the Centers for Medicaid and Medicare Services (CMS) review of services. It will be the responsibility of the individual provider to adhere to the Medicaid Memos. Upon CMS review of services, Virginia will modify its listing of covered services accordingly.

Physician Administered Medications

Contraceptive injections or other contraceptives that need more than a maximum of a 34-day supply and are administered in an office or outpatient setting (such as the contraceptive injectable, Depo-Provera, which needs to be administered every three months or the contraceptive implant, Implanon, which is good for up to 3 years) should be billed by the practitioner on HCFA/CMS-1500 form using the appropriate HCPCS code so that the drug can be covered by ***Plan First***.

Pharmacy Point of Sale Transactions

DMAS covers both over-the-counter and prescription contraceptives for a maximum 34-day supply of medication per prescription per patient in accordance with the prescriber's orders and subject to Board of Pharmacy regulations. For prescription orders whose quantity exceeds a 34-day supply, refills may be dispensed in sufficient quantity to fulfill the prescription order within the limits of federal and state laws and regulations. If a 90 day supply drug is packaged as 90 day, this drug will not be dispensed as 34 days supply with remaining drug sold as refills. Medications for purposes other than contraception will not be covered for recipients who are in ***Plan First***. For specific information on the Medicaid pharmaceutical program, please refer to the Medicaid Pharmacy Provider Manual ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)). For more information about Medicaid covered NDCs, please follow up with your local pharmacist. (Medicaid does not publish a list of covered NDCs for local pharmacists).

**Table 1****Approved Procedure/Supply Codes and Description**

<b>Code</b>	<b>Description (Must be used with diagnosis codes listed in Table 2)</b>
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes
66.22	Bilateral endoscopic ligation and division of fallopian tubes
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes
66.31	Other bilateral ligation and crushing of fallopian tubes
66.32	Other bilateral ligation and division of fallopian tubes
66.39	Other bilateral destruction or occlusion of fallopian tubes
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00921	Anesthesia for procedures on male genitalia; vasectomy, unilateral or bilateral
00952	Anesthesia for vaginal procedures; hysteroscopy (use with 58565)
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
36415	Collection of venous blood by venipuncture
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58565	Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (e.g. Esher)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) In context of the family planning waiver, this will only apply when performed after the 60 day postpartum period.
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach
58670	Laparoscopy – with fulguration of oviducts (with or without transection) In context of the family planning waiver, this will only apply when performed with abdominal surgery and not after a cesarean delivery.
58671	Laparoscopy – with occlusion of oviducts (e.g., band, clip, Falope ring)
81000	Urinalysis by dipstick or tablet...non-automated, with microscopy
81001	Urinalysis by dipstick or tablet...automated, with microscopy
81002	Urinalysis, by dip stick or tablet...non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet...automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis, bacteriuria screen, except by culture or dipstick
81015	Microscopic exam of urine
81020	two or three glass test
81025	Pregnancy Test (Urine)
81050	Volume measurement for timed collection, each
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Pregnancy Test Gonadotropin, chorionic (hCG); qualitative
85013	Spun microhematocrit
85014	Hematocrit
85018	Blood count; automated differential WBC count- hemoglobin (Hgb)
85025	Blood Count, complete
85660	RBC Sickle Cell Test
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test, quantitative
86631	Chlamydia
86632	Chlamydia, IgM

86644	Cytomegalovirus (CMV)
86645	Cytomegalovirus, IgM
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
86701	HIV 1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86729	Lymphogranuloma venereum
86762	Rubella
86777	Toxoplasma
86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., TRA-abs)
86784	Trichinella
86803	Hepatitis C antibody
86804	Hepatitis C confirmatory test (eg, immunoblot)
86850	Antibody screen, RBC, each serum technique
87040	Culture, bacterial; aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture if appropriate)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture aerobic identify
87081	Culture, presumptive, pathogenic organisms, screening only
87084	with colony estimation from density chart.
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine.
87110	Culture, Chlamydia, any source
87164	Dark field examination, any source (e.g. Penile, vaginal, oral, skin); includes specimen collection
87205	Smear, gram stain
87207	Smear, special stain
87210	Smear, wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87285	Treponema DFA
87320	Chlamydia trachomatis
87340	Hepatitis B surface antigen (HbsAg)
87390	HIV-1
87391	HIV-2
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification

87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification.
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms, direct probe technique(s).
87808	Infectious agent antigen detection for trichomonas
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal, (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision.
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening under physician supervision with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision with manual screening and rescreening under physician supervision
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician

	supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision with manual screening and rescreeing under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screen and computer-assisted rescreeing under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screening and computer-assisted rescreeing using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated this layer preparation; screening by automated thin layer preparation; screening by automated system and manual screening, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparations; with screening by automated system and manual rescreeing or review, under physician supervision
88302	Surgical pathology, for vas deferens
90772	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular (direct Physician supervision)
99000	Handling and/or conveyance of specimen for transfer from a physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient to other than physician's office to a laboratory (distance may be indicated)
99201	New Patient Office or other outpatient visit - 10 minutes
99202	New Patient Office or other outpatient visit - 20 minutes
99203	New Patient Office or other outpatient visit - 30 minutes
99204	New Patient Office or other outpatient visit - 45 minutes
99205	New Patient Office or other outpatient visit - 60 minutes
99211	Established Patient Office or other outpatient visit-5minutes
99212	Established Patient Office or other outpatient visit-10 minutes
99213	Established Patient Office or other outpatient visit-15 minutes
99214	Established Patient Office or other outpatient visit-25 minutes
99215	Established Patient Office or other outpatient visit- 40 minutes
99221	Hospital Inpatient service, Initial Hospital Care -30 minutes
99222	Hospital Inpatient service, Initial Hospital Care - 50 minutes
99223	Hospital Inpatient service, Initial Hospital Care - 70 minutes
99231	Hospital Inpatient Services, Subsequent Hospital Care - 15 minutes
99232	Hospital Inpatient Services, Subsequent Hospital Care - 25 minutes
99233	Hospital Inpatient Services, Subsequent Hospital Care - 35 minutes
99238	Hospital Inpatient Services, Hospital Discharge Services - 30 minutes or less
99239	Hospital Inpatient Services, Hospital Discharge Services - more than 30 minutes
99241	Office and/or other Outpatient Consultations New or Established Patient - 15 min.
99242	Office and/or other Outpatient Consultations New or Established Patient - 30 min.
99243	Office and/or other Outpatient Consultations New or Established Patient - 40 min.
99244	Office and/or other Outpatient Consultations New or Established Patient - 60 min.
99245	Office and/or other Outpatient Consultations New or Established Patient - 80 min.
99251	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient - 20 min.
99252	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient - 40 min.
99253	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient - 55 min.
99254	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient - 80 min.
99255	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient - 110 min.
A4261	Cervical cap for contraceptive use
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraception supply, condom, female, each
A4269	Contraception supply, spermicide (e.g. foam, gel), each
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
J1055	Injection, medroxyprogesterone acetate, for contraceptive use 150 mg (Depo-Provera)

J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (Lunelle monthly contraceptive)
J7300	Intrauterine copper contraceptive (Paragard T380A)
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)
J7303	Contraceptive vaginal ring (Nuvaring Vaginal Ring)
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon)
J8499	Prescription drug, oral, nonchemotherapeutic, NOS (In regards for FPW, birth control pills only)
S4981	Insertion of levonorgestrel-releasing intrauterine system
S4989	Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies
S4993	Contraceptive pill for birth control

**Table 2**

ICD-9-CM Diagnosis Codes	
V25 Encounter for contraceptive management	
Code	Description
V25.0 General Counseling and advice	
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization
V25.4	Surveillance of previously prescribed contraceptive methods <ul style="list-style-type: none"> <li>• Checking, reinsertion, or removal of contraceptive device</li> <li>• Repeat prescription for contraceptive method</li> </ul> Routine examination in connection with contraceptive maintenance
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine contraceptive device
V25.43	Encounter for contraceptive management, surveillance of previously prescribed contraceptive methods (checking, reinsertion or removal of contraceptive device), implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Encounter for contraceptive management, insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management (Post vasectomy sperm count)
V25.9	Unspecified contraceptive management